

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee		FEC IDENTIFICATION NUMBER ▼ C C00488338
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Red Maverick Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 07 / 2015
Mailing Address 403 N. Second Street 2nd Floor		Amount 23818.00
City Harrisburg	State PA	Zip Code 17101-1377
Purpose of Expenditure Direct Mail MS-01 Special Election		Transaction ID : E987B23910F554AB492E Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Ed Holliday		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President <input type="checkbox"/> State: MS
Calendar Year-To-Date Per Election for Office Sought 92262.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input checked="" type="checkbox"/> Other (specify) ▶ Special2015

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23818.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	23818.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Harrison

[Electronically Filed]

Date

MM / DD / YYYY
05 / 08 / 2015

Signature